

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (*if only one name is listed below*) or an original, first, and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled **POLISHING PAD WITH RECESSED WINDOW**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s) as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim the benefit under Title 35, United States Code, § 119(e) and/or § 120 of any United States provisional applications and/or applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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(Provisional Application No.)

(Filing Date)

As a named inventor, I hereby appoint Phyllis T. TURNER-BRIM (Reg. No. 39,864) as well as any other patent attorney and/or agent registered with this office under Customer Number 29050, to prosecute and transact all business in the U.S. Patent and Trademark Office connected with the present application.



**29050**

PATENT TRADEMARK OFFICE

I further appoint the attorneys of Leydig, Voit, & Mayer, Ltd. (Customer Number 23460) as Associate Attorneys for the present case.



**23460**

PATENT TRADEMARK OFFICE

All such powers are to be exercised separately or collectively.

Please address all communications regarding this application to Phyllis T. TURNER-BRIM,  
Esq. et al:



29050

PATENT TRADEMARK OFFICE

Direct all telephone calls to Phyllis T. TURNER-BRIM at (630) 375-5465.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:	Kyle A. TURNER
Inventor's Signature:	
Date:	<u>                        </u>
Residence Address: (complete mailing address)	10202 Morning Glory Lane Frisco, Texas, 75035, US
Citizenship:	CA
* * * *	
Full name of second joint inventor:	Jeffrey L. BEELER
Inventor's Signature:	
Date:	<u>9-17-2003</u>
Residence Address: (complete mailing address)	1510 E. Toledo St. Gilbert, Arizona, 85296, US
Citizenship:	US

Full name of third joint inventor:

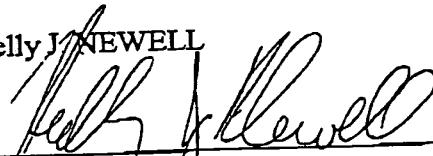
Inventor's Signature:

Date: 9/10/03

Residence Address:  
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Citizenship:

Kelly J. NEWELL



1334 South 5th Street  
St Charles, IL, 60174, US  
US

\* \* \* \*

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29050

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23460

PATENT TRADEMARK OFFICE

All such powers are to be exercised separately or collectively.

Docket No. 100059

Please address all communications regarding this application to Phyllis T. TURNER-BRIM,  
Esq. at:



29050

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Full name of sole or first inventor:

Kyle A. TURNER

Inventor's Signature:

Date: 9/10/03

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Citizenship:

Full name of second joint inventor:

Jeffrey L. BEELER

Inventor's Signature:

Date:

Residence Address:  
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Citizenship:

Docket No. 180059

Full name of third joint inventor:

Inventor's Signature:

Date: 9/10/03

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